Notice of Exempt
Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)
Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

12422

OMB APPROVAL

OMB Number: 3235-0076

Expires: March 31, 2009

Estimated average burden hours per response: 4.00

Name of Issuer	Previous Name(s)	√ None	Entity Type (Select one)
Royce Razor Fund, L.P.	T Textod Situation (b)	EA ONE	Corporation
Jurisdiction of Incorporation/Organ	ization		Limited Partnership
New York			Limited Liability Company General Partnership
Year of Incorporation/Organization (Select one)			Business Trust Other (Specify)
Over Five Years Ago Within La	ist Five Years Cify year)	Yet to Be Formed	
		tifu additional icensyle) bus	ittaching Items 1 and 2 Continuation Page(s).
			ittacning items Tana 2 Continuation Page(s)
tem 2. Principal Place of Bus Street Address 1	ness and Contact Inform	Street Address 2	
		Jacety Garess 2	
1414 Avenue of the Americas	C /D /C] [
City	State/Province/Country	7	Phone No.
New York	New York	10019	(212) 486-1445
em 3. Related Persons			
Last Name	t Name First Name		Middle Name
Diederich	John		D
Street Address 1		Street Address 2	
1414 Avenue of the Americas			
City	State/Province/Country	ZIP/Postal Code	Section
New York	New York	10019	
Relationship(s):	ficer Director Promote	er.	MAR 1.3.70
			gement Company, LLC, the general partner of the Issuer
Clarification of Nesponse (if Necessar			
A. I A Cuasua. (6.	(identify additional related perselect one)	ons by checking this box [✓	and attaching Item 3 Continuation Page(s).
		ess Services	Construction
 Agriculture Banking and Financial Serv 			REITS & Finance
Commercial Banking		lectric Utilities	Residential
Insurance		nergy Conservation	Other Real Estate
Investing	with the first of	oal Mining	() Retailing
Investment Banking		nvironmental Services vil & Gas	Restaurants
Pooled Investment Fund	\simeq .	ther Energy	Technology 6
If selecting this industry group, a type below and answer the ques	stion below:		Computers
✓ Hedge Fund	Health	i Care lotechnology	Telecommunications
Private Equity Fund	la Periodo e Porto de la Portida de Partido de Porto de P	ealth Insurance	Other Technology
Venture Capital Fund		ospitals & Physcians	Travel
O venture capitari una			Airlines & Airports
Other Investment Fund	an anna an ainm à mail ann ann ann an air ann an an ann an ann an an an an an 💓 📝 - a' bha an a	armaceuticals	
Other Investment Fund Is the issuer registered as a	an investment O	aarmaceuticals ther Health Care	Lodging & Conventions
Other Investment Fund Is the issuer registered as a company under the Invest	nn investment O		Lodging & Conventions Tourism & Travel Services
Other Investment Fund Is the issuer registered as a company under the Invest	in investment On	ther Health Care Facturing	Codging & Conventions

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Revenue Range (for issuer not specifying "hedge or "other investment" fund in Item 4 above)		Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund i Item 4 above)
○ No Revenues	OR	No Aggregate Net Asset Value
\$1-\$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
 Decline to Disclose 		Decline to Disclose
O Not Applicable		Not Applicable
em 6. Federal Exemptions and Exclusions C	:laimed (Se	elect all that apply)
	Investment Con	npany Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3((c)(1) Section 3(c)(9)
Rule 504(b)(1)(i)	Section 3((c)(2) Section 3(c)(10)
Rule 504(b)(1)(ii)	Section 3((c)(3) Section 3(c)(11)
Rule 504(b)(1)(iii)	Section 3	(c)(4) Section 3(c)(12)
Rule 505	Section 3	(c)(5) Section 3(c)(13)
Rule 506	Section 3	(c)(6) Section 3(c)(14)
Securities Act Section 4(6)	Section 3	
em 7. Type of Filing		
New Notice OR	ient	
ate of First Sale in this Offering:	OR 🗆	First Sale Yet to Occur
		•
em 8. Duration of Offering	···	
Does the issuer intend this offering to last more th	an one year?	Yes No
tem 9. Type(s) of Securities Offered (Sele	ct all that app	oly)
Equity	✓ Pooled	d Investment Fund Interests
□ Debt	☐ Tenan	t-in-Common Securities
	Miner	al Property Securities
Option, Warrant or Other Right to Acquire Another Security	Other	(Describe)
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security		
Waltane of Other Highe to Acquire Security		
• • • •		
tem 10. Business Combination Transaction Is this offering being made in connection with a bustransaction, such as a merger, acquisition or exchange o		on Yes No

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Item 11. Minimum Investment	
Minimum investment accepted from any outside investor \$	100,000
Item 12. Sales Compensation	
Recipient	Recipient CRD Number
	☐ No CRD Number
Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number
	☐ No CRD Number
Street Address 1	Street Address 2
City State/Province	/Country ZIP/Postal Code
States of Solicitation All States ALL ALL DAK ALL DAR DICA DO COMMENT	
□ IL □ IN □ IA □ KS □ KY □ LA □	ME MD MA MI MN MS MO
	NATURE TO THE TORK TORE TORE
RI SC SD TN TX UT	VT VA WA WW WI WY PR
(Identify additional person(s) being paid compensati	ion by checking this box 🔲 and attaching Item 12 Continuation Page(s)
Telli 15. Ollering and Gales Amounts	
(a) Total Offering Amount	OR 🗸 Indefinite
(b) Total Amount Sold \$ 14,416,000	
(c) Total Remaining to be Sold \$	
(Subtract (a) from (b))	OR / Indefinite
Clarification of Response (if Necessary)	
Item 14. Investors	
Check this box if securities in the offering have been or may be somewher of such non-accredited investors who already have invested.	iold to persons who do not qualify as accredited investors, and enter the
manual or such more accounted in restals time already have invested	0
	The state of the s
Enter the total number of investors who already have invested in th	e offering:
Item 15. Sales Commissions and Finders' Fees Exp	penses
Provide separately the amounts of sales commissions and finders' fe check the box next to the amount.	ees expenses, if any. If an amount is not known, provide an estimate and
s	iales Commissions \$ Estimate
	Finders' Fees \$
Clarification of Response (if Necessary)	- India (CC)

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Item 16. Use of Proceeds	
Provide the amount of the gross proceeds of the offering that has been or used for payments to any of the persons required to be named as a directors or promoters in response to Item 3 above. If the amount is unknestimate and check the box next to the amount.	executive officers, \$ \bigcup \qq \q
Clarification of Response (if Necessary)	
Signature and Submission	
Please verify the information you have entered and review the	Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each ic	dentified issuer is:
undertaking to furnish them, upon written request, in accordation in the Secretary of the Securities of the Securities of the Securities Act of 1933, the Securities Exchange Company Act of 1940, or the Investment Advisers Act of 1940, State in which the issuer maintains its principal place of business.	tice is filed of the offering of securities described and since with applicable law, the information furnished to offerees. EC and the Securities Administrator or other legally designated officer of usiness and any State in which this notice is filed, as its agents for service of on its behalf, of any notice, process or pleading, and further agreeing that by Federal or state action, administrative proceeding, or arbitration brought a United States, if the action, proceeding or arbitration (a) arises out of any subject of this notice, and (b) is founded, directly or indirectly, upon the large Act of 1934, the Trust Indenture Act of 1939, the Investment or any rule or regulation under any of these statutes; or (ii) the laws of the less or any State in which this notice is filed.
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to requi "covered securities" for purposes of NSMIA, whether in all instances or	ional Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, ire information. As a result, if the securities that are the subject of this Form D are rule to the nature of the offering that is the subject of this Form D, States cannot see and can require offering materials only to the extent NSMIA permits them to do
Each identified issuer has read this notice, knows the contents undersigned duly authorized person. (Check this box in Item 1 above but not represented by signer below.)	to be true, and has duly caused this notice to be signed on its behalf by the I attach Signature Continuation Pages for signatures of issuers identified
Issuer(s)	Name of Signer
Royce Razor Fund L.P.	John D. Diederich
Signature A	Title
John Ollvel 1	CFO and COO, Royce & Associates, LLC, managing member of Issuer's GP
Number of continuation pages attached:	Date 3/12/09

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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Item 3 Continuation Page

Item 3 Related Persons (Continued)

Last Name	First Name		Middle Name_
Royce	Charles		M.
Street Address 1		Street Address 2	
1414 Avenue of the Americas			
City	State/Province/Country	ZIP/Postal Code	
New York	New York	10019	
Relationship(s):	Officer Director Promoter		
Clarification of Response (if Necess	President of Royce & Associates, LLC, ma	anaging member of Royce Managem	ent Company, LLC, the general partner of the Issuer
· — — — —			
Last Name	First Name		Middle Name
Fockler, Jr.	Jack		E.
Street Address 1		Street Address 2	
1414 Avenue of the Americas			
City	State/Province/Country	ZIP/Postal Code	
New York	New York	10019	
Relationship(s):	Officer Director Promoter		
_		2	LLC the caused nestees of the Issuer
Clarification of Response (if Necess	Sary) Vice President of Royce & Associates, LLC	, managing member of Royce Mana	agement Company, LLC, the general partner of the Issuer
		· — — —	
Last Name	First Name		Middle Name
George George			
George	First Name W.	Street Address 2	Middle Name Whitney
George		Street Address 2	
George Street Address 1 1414 Avenue of the Americas		Street Address 2 ZIP/Postal Code	
George Street Address 1	w.		
George Street Address 1 1414 Avenue of the Americas City	State/Province/Country New York	ZIP/Postal Code	
George Street Address 1 1414 Avenue of the Americas City New York Relationship(s):	State/Province/Country New York Difficer Director Promoter	ZIP/Postal Code	Whitney
George Street Address 1 1414 Avenue of the Americas City New York	State/Province/Country New York Difficer Director Promoter	ZIP/Postal Code	
George Street Address 1 1414 Avenue of the Americas City New York Relationship(s):	State/Province/Country New York Officer Director Promoter ary) Vice President of Royce & Associates, LLC	ZIP/Postal Code	Whitney Igement Company, LLC, the general partner of the Issuer
George Street Address 1 1414 Avenue of the Americas City New York Relationship(s): Executive C Clarification of Response (if Necess	State/Province/Country New York Difficer Director Promoter	ZIP/Postal Code	Whitney
George Street Address 1 1414 Avenue of the Americas City New York Relationship(s):	State/Province/Country New York Officer Director Promoter ary) Vice President of Royce & Associates, LLC	ZIP/Postal Code 10019 C, managing member of Royce Mana	Whitney Igement Company, LLC, the general partner of the Issuer
George Street Address 1 1414 Avenue of the Americas City New York Relationship(s):	State/Province/Country New York Officer Director Promoter Director Associates, LLC First Name	ZIP/Postal Code	Whitney Ingement Company, LLC, the general partner of the Issuer Middle Name
George Street Address 1 1414 Avenue of the Americas City New York Relationship(s):	State/Province/Country New York Officer Director Promoter ary) Vice President of Royce & Associates, LLC First Name Daniel	ZIP/Postal Code 10019 C, managing member of Royce Mana Street Address 2	Whitney Ingement Company, LLC, the general partner of the Issuer Middle Name
George Street Address 1 1414 Avenue of the Americas City New York Relationship(s):	State/Province/Country New York Officer Director Promoter Director Associates, LLC First Name	ZIP/Postal Code 10019 C, managing member of Royce Mana	Whitney Ingement Company, LLC, the general partner of the Issuer Middle Name
George Street Address 1 1414 Avenue of the Americas City New York Relationship(s): Executive C Clarification of Response (if Necess	State/Province/Country New York Officer Director Promoter ary) Vice President of Royce & Associates, LLC First Name Daniel	ZIP/Postal Code 10019 C, managing member of Royce Mana Street Address 2	Whitney Igement Company, LLC, the general partner of the Issuer Middle Name
George Street Address 1 1414 Avenue of the Americas City New York Relationship(s):	State/Province/Country New York Officer Director Promoter Promoter First Name Daniel State/Province/Country New York	ZIP/Postal Code 10019 C, managing member of Royce Mana Street Address 2 ZIP/Postal Code	Whitney Ingement Company, LLC, the general partner of the Issuer Middle Name

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Item 3 Continuation Page

Item 3. Related Persons (Continued) Last Name First Name Middle Name McAllister Michael A. Street Address 1 Street Address 2 1414 Avenue of the Americas City State/Province/Country ZIP/Postal Code New York New York 10019 Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) Vice President of Royce & Associates, LLC, managing member of Royce Management Company, LLC, the general partner of the Issuer Last Name Middle Name First Name Denneen John E. Street Address 1 Street Address 2 1414 Avenue of the Americas City State/Province/Country ZIP/Postal Code 10019 New York New York Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) Secretary of Royce & Associates, LLC, managing member of Royce Management Company, LLC, the general partner of the Issuer Last Name First Name Middle Name Street Address 1 Street Address 2 State/Province/Country City ZIP/Postal Code Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Street Address 1 Street Address 2 City State/Province/Country ZIP/Postal Code

Executive Officer Director Promoter

Relationship(s):

Clarification of Response (if Necessary)

(Copy and use additional copies of this page as necessary.)